

## CAMPAIGN FINANCE DIVISION

☒ WAIVER REQUEST  
☐ RECONSIDERATION REQUEST

DATE: 12/8/2021  
DOCKET #:

### FILER INFORMATION

Name: Leroy Daniels  
Office: City Marshal, City Court, City of Bunkie  
Parish: AVOYELLES  
Election Date: 11/3/2020  
Level of Office: District

301 Martin Dr.  
Bunkie, LA  
71322-4137

### REPORT INFORMATION

Name of Report: 30-P  
Original Due Date: 10/5/2020  
Date Filed: 11/2/2020  
Activity Receipts: \$0  
Expenditures: \$0  
Funds at Close of Reporting Period: \$0

### LATE FEE INFORMATION

Amount of Late Fee: \$600  
Days Late: 28  
Late Fee Order Received: 12/4/2020  
Payment/Waiver Request Due Date: 12/24/2020  
Waiver Request Received: 12/4/2020  
Additional Information Requested:

- Medical
- Financial - letter sent 5/26/2021 - NO RESPONSE
- Other

COMMENTS: Candidate mailed in his waiver request and states that this is the first time he ran for a District Level office and he was not aware of the reporting requirements. He said that he assumed he only had to file reports if he received contributions and since he did not receive any contributions of the sized amounts listed on the forms he did not understand that he was required to file. He says he knows has a better understanding of the filing requirements and will file timely in the future. He also states he has financial hardships due to the Covid 19 pandemic.

### OTHER LATE FEE INFORMATION

#### Campaign Finance:

Other Outstanding Reports: No  
Other Outstanding Late Fees: No  
Prior Late Fees: No  
Reassessed Late Fees: No

#### Disclosure Statements:

Other Outstanding Late Fees: No  
Prior Late Fees: No

December 4, 2020

Louisiana Board of Ethics  
P.O. Box 4368  
Baton Rouge, LA 70821

RE: Request Waiver for Late Fee Assessment

To Whom It May Concern:

This letter is a formal request to have the late fee assessment of \$600.00 and \$420.00 be waived. During this election time haven't ran for an office of this statue before I was not aware of the financial documents required. When I was first briefed on the required documentation, I assumed that I only had to fill out these documents if I received contributions to my campaign. Since I never received any contributions of the sized amounts listed on the forms, I did not understand that the forms needed to be submitted. I now have a better knowledge of the required forms and the submission requirements and will turn in all required forms in the future on time.

Due to COVID, my campaign struggled beyond belief and I did not get the support I had hoped to receive and therefore cannot afford to pay any late fees associated with this. I ask for your consideration in this matter as it was an oversight of mine.

Thank you for your time and I appreciate any assistance you can provide.

Sincerely,

A handwritten signature in black ink that reads "Leroy Daniels". The signature is fluid and cursive, with the first name "Leroy" and last name "Daniels" clearly distinguishable.

Leroy Daniels  
City Marshall #77

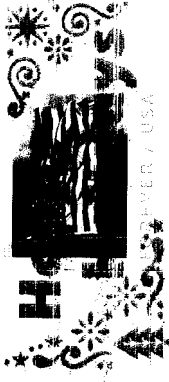
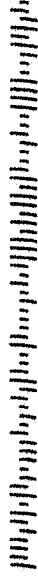
Georgi Lavach  
301 Gardner Dr.  
Burrhead, La. 71322

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Board of Ethics  
P.O. Box 4368  
Baton Rouge, La. 70821

70821-436868





STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**

P. O. BOX 4368  
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[www.ethics.la.gov](http://www.ethics.la.gov)

May 26, 2021

Leroy Daniels  
301 Martin Dr.  
Bunkie, LA 71322-4137

**RE: Ethics Board Docket No.: 2021**

Dear Leroy Daniels:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. In the request, you stated that you cannot afford to any pay late fees. If you would like the Board to consider your financially situation, you must provide documentation verifying your claim. Please complete the enclosed form and return it along with your most recent W-2 or tax return. The information you provide will only be reviewed by the Ethics Board.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **June 30, 2021**.

Sincerely,

**Melissa Horn**

Docket ID: 2021-

Financial Statement for \_\_\_\_\_ (Filer Name)

Married: ☐ Yes ☒ No

Spouse's name (if applicable): \_\_\_\_\_

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)**

**Monthly Household Income**

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

**Monthly Household Expenses**

Expense Type	Monthly Amount
Housing (mortgage or rent)	
Vehicle (loan or lease)	
Public Transportation Costs	
Health Insurance	
Court-ordered expenses	
Student loans	
Other Loans - provide description	
Utilities	
Food, personal products, etc.	
Childcare	
Other Expenses (Provide Description)	
<b>Total Monthly Expenses</b>	